POS. IUN	INITIALS	ID NO.	DATE
	MH		05/07/01
FEE DETERMINATION			7
O.I.P.E. CLASSIFIER	192	32	5/24
FORMALITY REVIEW	(2)/	503	67-03-21
RESPONSE FORMALITY REVIEW	CX	1100	10-09-01

## INDEX OF CLAIMS

v	Rejected	N: No	n-elected
=	Allowed	I Int	erterence
_	(Through numeral) Canceled	A Ap	peal
÷	Restricted	OOb	jected

Claim B		4
Claim: B	Date	Claim Date Claim Date
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If more than 150 claims or 10 actions staple additional sheet here

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